THE

MEDICAL AND SURGICAL REPORTER.

No. 476.] PHILADELPHIA, APRIL 14, 1866. [Vol. XIV.—No. 15.

Original Department.

Communications.

A SUMMARY OF OBSERVATIONS ON CHOLERA.

By George Sutton, M. D.,

Of Aurora, Indiana.

As the pages of the Reporter have been open for the opinions and observations of physicians on the subject of cholera, I will present a summary of conclusions which I think can be sustained by conclusive arguments, and which appears to me to explain much of the obscurity which has attended this disease. Some of these conclusions were presented to the Indiana State Medical Society in the year 1853, and are published in the Proceedings of the Society for that year. They are based upon an extensive experience with cholera under various aspects—having observed the progress of the disease as it spread through a sparse population in our rural districts, which gives the physician a favorable opportunity of tracing the connection, if any exists, between the different cases that occur—also having seen cholera assume, as it were a local character, and present its most malignant form in certain small localities within our city, and sweep off more than half their inhabitants; again presenting an opportunity of examining why these localities (which are the most healthy and elevated in our city) should be so severely attacked by the disease—and also having had the experience of being prostrated from a severe attack of cholera myself, and while confined to the bed, see my family stricken down, my son die after only a few hours' illness, and other members of my family reduced to the lowest stage of collapse from which the system could recover—an experience with me in cholera which has led to a careful observation of facts, and an anxious endeavor to unravel and account for the diversity of phenomena which the disease presented, as it prevailed in this section of country.

Physicians have recently presented the theory that cholera-poison may emanate from evacuations, as something new. This theory was advanced by myself in 1853, in the report alluded to, (and I am not aware that the theory was ever advanced before,) to account for the cause of the disease being so malignant in certain localities in the city of Aurora. It was shown in that report that the alimentary discharges, from their watery character, were generally emptied upon the ground, and that in one locality the bedding known to have been saturated with the discharges during the last stages of a fatal case which I attended, was thrown upon a vacant lot and became, as I supposed, the first point from which emanated the infection that produced a *local* malignancy to the disease. (See the same Report, pages 162, 163, and 166.) The idea is also advanced in that Report, that cholera, like many other diseases, is capable of assuming different grades of violence, and that under the form of a mild diarrhœa, it may be spread over the country by persons who are scarcely aware that they are unwell. (See pages 160 to 175.)

The conclusions which we present may be summed up as follows—and if found not to be altogether correct, we think is an advance in the proper direction.

1st. That cholera is unlike any other disease, and is governed by laws peculiar to itself.

2d. That its cause is an organic poison, which is reproduced within the human system, and is diffused by human intercourse.

3d. That for the development of cholera on this continent, there must first be cholera-poison, next, a community susceptible to its influence.

4th. That the susceptibility to cholera resides in the organic nervous system, upon which the poison first makes its impression, producing innervation and altered action of the capillaries, giving rise, in many instances to profuse exhalations, also morbid secretions from the mucous membranes, from which probably the infection arises—as we see in hydrophobia, a *nervous disease*, associated with poisonous secretions from the salivary glands or glosso-pharyngeal mucous membrane.

5th. That this susceptibility to cholera is not alike in all persons, but exists to the greatest extent in a community that has never been under its influence.

6th. That temperature, or season of the year, humidity, modes of living, and other local and physical causes, increase or diminish the susceptibility of the community to the disease.

7th. That cholera, like other diseases, may assume different grades of violence, and may also prevail under different forms.

8th. That it may prevail under the form of a diarrhœa. That where predisposition, season of the year, or other causes favor the development of dysentery, that cholera assumes this form of disease. That it may prevail as a mild cholera-morbus, and the malignant form is the name that we would give to those cases where there is failure of the circulation, blueness of the skin, cramps, etc. etc.

9th. That when cholera-poison was introduced upon our continent, in 1832, in the North, and in 1848, in the South, it was the cause of these four forms of disease spreading over the country —in many places intimately associated, and in others appearing only as an *epidemic diarrhœa*— which we consider not merely a "symptom" of cholera, or the "premonitory stage," *but the cholera itself in a milder form.* Why call this diarrhœa that accompanies cholera the premonitory stage, when a large majority of cases proceed no further. And at what period of the attack are we to consider true cholera as commencing?

10th. That the disease may be spread by each one of these forms, and by the diarrhœal form even if only *one person out of ten* is susceptible to its influence. Consequently, no other disease known can be so easily diffused over the country as cholora, and no other disease so difficult to trace the manner of its diffusion.

11th. That the malignant form of cholera is favored by a variety of causes, among which are predisposition, tendency to diarrhœa, modes of living, mental depression, probably fear, *but more particularly than from any other cause, upon the accumulation of infection*, which overpowers vital resistance before the system has acquired the power to tolerate the disease, as we see from the same cause, in certain malarial districts, a simple disease assuming the fatal and malignant form of congestive fever.

12th. That the principal cause of the accumulation of infection is from the evacuations, which from their watery character are generally emptied upon the ground, and from which the infection is capable of spreading through the atmosphere, and gives a local malignancy to the disease. (See Report to Ind. S. M. S.)

13th. That this accumulation of infection takes place when cholera is introduced under favorable circumstances into large crowds of human beings, or poorly ventilated places,—or in cities, or on low damp situations during stillness of the atmosphere—and particularly where the sub-soil is of *clay or limestone formation*, while upon a dry and *sandy soil*, which rapidly absorbs moisture, the infection seldom accumulates. (Pettenkoffer's theory might have some foundation if the disease did not appear so fatal on board our steamboats and ships, thousands of miles from the soil or land, which he considers necessary in connection with the evacuations, to develop the cholera germ.)

14th. That season of the year or temperature has a marked influence upon the progress of cholera, and *that during the winter it may prevail in our cities as a mild form of diarrhœa*, to reassume its malignant form as summer and other causes favor its development.

15th. That the *system soon tolerates the poison*, and that attacks of either of the forms of cholera and frequent exposure to the infection, removes in a great measure the susceptibility to the disease, which is probably acquired again in from 15 to 20 years. This power in the system to tolerate the poison is the reason the disease leaves the country, and seldom attacks a city or town severely the second time.

16th. That when cholera poison is once introduced upon our continent, the most certain prophylactic in our northern climate (in connection with proper sanitary regulations) *against the malignant form of cholera in the summer, is frequent exposure under favorable circumstances to the infection during winter, by which the susceptibility to the disease may in a great measure be removed.* We are well aware that cholera prevailed in Russia, Scotland, and parts of England during the winter, but we think that these facts, when properly examined, have but little weight against the correctness of our conclusion.

Now we think that we have a very extensive array of arguments to sustain each one of these conclusions, a summary of which, in as few words as possible, we will present at another time; merely stating at present that the first conclusion that cholera as an infectious disease is governed by laws peculiar to itself, we consider as self-evident, and requires no argument, if the other conclusions we present are correct. Physicians tell us that cholera cannot be contagious, because it differs from all other contagious diseases. This assertion, we think, is without foundation, because *we do know* that contagious diseases are governed by different laws—hydro-

phobia, for instance, is a contagious disease—communicated by inoculation, like small-pox, and capable of reproducing its poison in different species of animals, even in the human system, according to the experiments of MM. Magendie and Breschet; but hydrophobia differs from all other diseases, and is governed by laws peculiar to itself, and differs as much in its nervous symptoms and indefinite period of incubation of its poison from small-pox, as cholera does from other infectious diseases.

Could the virus of hydrophobia rise into the atmosphere like the infection of rinderpest or of small-pox, and many other diseases, (and why should it not assume an ærial character?) and produce its specific effects upon the human system through the respiratory organs as it does now by inoculation, it would then in its mode of communication resemble cholera, and be by far a more terrible disease, perhaps the most terrible disease upon our globe, incurable in its nature—communicable to different species of animals, which would reproduce the infection from innumerable sources; and, like cholera, this infection having no *definite period of incubation*, it would be still more difficult to guard against it by quarantine than cholera, and in time, like cholera, it might desolate extensive portions of the globe. By merely changing then the physical properties of the virus of a well known contagious disease, we should have a malady probably more terrible than cholera, which unlike all other diseases, would be then, as it is now, governed by laws peculiar to itself. It is highly probable that future discoveries may show that several theories of the formation of contagion are correct, and that organic poison germs may originate, 1st, from zymotic agents, or poisons which are capable within the blood of re-development. 2d. From *morbid secretions, which by a natural selection for the organs from which they were secreted, causes the reproduction of a similar secretion;* and also, possibly from morbid secretions becoming poisonous from their union with the elements of matter, either in the earth or atmosphere. Is there anything unreasonable in supposing that certain vitiated secretions, which are probably in the form of cells, when introduced into the blood of another system through the respiratory organs, have a *natural selection or tendency to produce morbid or specific effects on those organs, membranes or cells, from which they were secreted, so as to reproduce a similar secretion* or re-development of poison germs. This action being influenced by an excited or irritated condition of the nervous system of the part, produced by the poison itself—as we know that many of the secretions are excited and changed by nervous influence. That poison germs are reproduced by secretions without the blood being contaminated, is a well known fact—as we see that an application of gonorrheal poison to a mucous membrane, or the poison of purulent ophthalmia applied to the conjunctiva reproduces a similar poison without poisoning the blood, while in small-pox, measles, scarlatina, and some other diseases, we have the evidence of blood poisoning; and in gonorrhea, purulent ophthalmia, hydrophobia, cholera, and probably hooping-cough, we have reason to believe that the poison germs depend upon *morbid secretions*. Then again we see the different effects which these specific poisons produce upon *the nervous system*, as in hooping-cough, hydrophobia, and malignant cholera.

CASES OCCURRING IN MARSHALL INFIRMARY, TROY, N. Y.

Reported By Dr. Thorn.

Cancer of the Stomach.

Peter H., æt. 65, native of New York, by occupation a farmer, was admitted into this hospital, Dec. 31st, 1864. He was very much emaciated, and had a peculiar yellowish complexion. He complains of pain and great tenderness in the epigastric region. His appetite had failed him and when he did partake of food, it was followed in a short time by severe grinding pain, and by vomiting. He was much distressed with "heartburn" and regurgitations of portions of the contents of the stomach, in a very sour state, and with belching of wind. Deglutition had never given him any trouble. The walls of the abdomen were somewhat distended and quite unyielding, but no tumor could be detected with the limited facilities which the patient gave us for physical exploration; but he said he had sometimes thought that he could feel one on the right side, just below the free borders of the ribs. His father and mother died of old age, respectively at 97 and 98. A sister had died of cancer in the breast, but with this exception, he knew of no other instance of the disease in the family, or of phthisis or scrofula. He himself had always been a strong healthy man, weighing 240 lbs, until about ten years since, when he began to suffer from constipation and pain in the bowels, and to lose flesh and strength. In June of 1863, he was seized with a fainting fit, after which he vomited a large quantity of "dark stuff," and in the following July, he was seized with another attack of fainting, followed by a like copious

vomiting, which left him very weak. This symptom was more or less present during the last three months previous to his admission. He lingered eleven days, and died.

On post mortem examination, the pyloric extremity of the stomach was found to be the seat of cancer. The orifice was contracted to a very small size, and a short distance from it posteriorly was a perforation, easily admitting the thumb. The peritoneum was very much thickened, and the sac contained about two quarts of thickish dirty fluid. The œsophageal opening was entirely free from disease.

Heart Clot.

Thos. F., æt. 70, native of New York, and by occupation a bar-tender, was admitted into this hospital, Dec. 15th, 1864. He complained of intense pain in the right side, pain in all his bones, and of headache. His countenance was anxious, the skin hot and dry, and there was great thirst. The respiration was hurried, 45 or 50 per minute, urgent, and attended with much suffering. There was some cough, but no expectoration. The pulse was 80, not very quick or intermittent, but somewhat incompressible. The respiratory murmur was absent in the right lung, and there was complete dulness on that side, and bronchial breathing. The symptoms gradually increased in severity, and the patient sunk about nine o'clock the next morning. An hour before this event took place, the pulse was between 80 and 90, and quite strong. There would be pulsations for a minute or so, and then suddenly they would become imperceptible for a second or two, and then as suddenly become perceptible again, and with the same strength.

On post mortem examination, twenty-four hours afterward, the right lung was in a state of solidification, and more or less adherent to the walls of the chest by old and recent adhesions. The left lung was healthy, but also adherent to the opposite walls of the thorax by adhesions of long standing. The heart was normal in size, but on examining the cavities a large clot was found, adhering by a broad base to the right auricle, and extending into the right ventricle, and was finally entangled in the chordæ tendinæ of the biscuspid valve. A second clot was found adhering to the lower surface of one of the segments of the mitral valve. This was much smaller than the one found on the right side. These concretions were firm, resisting, and of a yellowish color. This patient had been for many years a sufferer with rheumatism.

REPORT OF A CASE OF ELEPHANTIASIS ARABUM.

By Samuel W. Francis, M. D.,

(Fellow of the New York Academy of Medicine)

Through the courtesy of Dr. Julius Stephen Thebaud, of this city, I was invited to witness an operation to be performed by him on a private patient of his, and whose board he was paying at the Colored Home. The disease was an enormous growth of the scrotum and adjacent parts, and the intention of Dr. Thebaud was to dissect out the testicles and penis, and make out of certain flaps, left for that purpose, a new scrotum. Many eminent medical and surgical men were present at the appointed time, but owing to the feverish condition of the patient, the operation was postponed for a few days.

It has been considered that a description of the case, with an engraving* of this enormous tumor, would prove of great interest to the profession at large, and surgeons in particular; especially as seldom in the natural lifetime of a citizen of this metropolis, does he have it in his power to examine anything of a similar character, there being, I think, but one case where an operation for the same affection has been performed in this country. An excellent, full-sized plaster cast has been taken of it.

Isaac Newton, a colored man, shoemaker by trade, and single, was born in Columbus, Georgia, in 1844, and is consequently 22 years of age. His appearance is that of a healthy negro, whose organs are in excellent condition, and, with the exception of this enormous tumor—when it is concealed from view—no one would, for an instant, suppose that there existed anything abnormal in his constitution. His appetite and digestion seem to be most excellent; his passages natural, and his urine of an average specific gravity.

About eight years since, he first became aware of an increase of growth in the region of the testicle. This insidious enlargement continued to make advancements until the penis and scrotum became finally enveloped and comprehended in the confused mass, so that at the present time neither the testicles nor scrotum, nor any remnant of the penis can be seen, the whole being covered over by an hypertrophy so gigantic in its dimensions as to have become the great event in this poor man's life. There exists no difficulty whatever in his passing urine, for, though it is Dr. Thebaud's opinion that the penis still maintains its former position, through the centre of this tumor a channel has been formed for the

* From a photograph, taken from life, by David Choate, of 330 Third Avenue, N. Y.

outflow of the urine, and the meatus, as may be seen in the annexed engraving, is almost in the same proper relative locality that it should be.

With regard to the existence of his testicles, there can be no doubt but that certainly *one*, at least, is healthy. His sexual desires are very strong at times; he has occasional seminal emissions, and can point out the exact spot where, by pressing down, one may feel the testicle, through what might justly be called this immense accumulation of living dough.

On examining the tumor carefully, it presents an indurated, uneven appearance; irregular in shape, with certain elevations and depressions, some parts being rough, while others, in passing the hand over them, can only be likened to the smoothness of satin. The color of the posterior aspect is of a dead light-brown, especially where it has rested on the ground and the cuticle been worn away. This tint gradually runs into a yellow ochre, becoming almost of creamy whiteness, and very much resembling the ball of a negro's foot. The anterior, and, in fact, nearly all the rest of the view is that of black walnut tinged with a coppery blush. Taken as a whole, its appearance is that of the glans penis on a magnified scale; while palpation would lead a careful observer to pronounce the existence of a hydrocele. On pressing the outer portions of it, there is a meaty feeling; while in others, by gently patting the upper edge, there exists a plain indication of the presence of some fluid. Though experiencing no pain while in repose, considerable inconvenience is connected with a change of position of the lower extremities, as in walking, owing to the dragging weight of this huge body.

On measuring the tumor while the patient stood, it was found to be twenty-eight inches from the symphisis pubis to the extemporaneous meatus, which is at the lowest end; and on measuring the greatest circumference, it was four feet when standing up—when sitting down five feet, or 60 inches. All that region extending from the pubis to the anus is involved. As an indication of the rapidity of growth of this hypertrophied tissue, J. Harris, M. D., weighed the tumor in December, 1865, and stated that he found it to be 50 pounds.* Three months after, in this city, it was weighed by a responsible physician, and he states that its weight at the present time is 73 pounds; being an increase of 23 pounds in 12 weeks, and very nearly two pounds a week, or over four ounces a day. On either side of the thigh there are cicatrizations, as though suppuration had been there from buboes at some period of the young man's life; and, though he has been informed of the serious nature of the disease, and particularly as to the uncertain results of an operation, his only desire seems to be to get rid of what has destroyed his pleasure and comfort for eight years.

This disease is eminently an oriental one, as may be seen by its name and the writings of those best qualified to judge. Operations for elephantiasis of the scrotum have been performed, and with eminent success, in Egypt, by the celebrated Clot-Bey, about the year 1830.

In one instance he extirpated an enlarged scrotum, which weighed 110 livres, and with success; the patient being 46 years old, and of a good constitution.

There have been several surgeons of note who have made this disease a special study; advanced theories, and given practical demonstrations of vast utility. Among those in particular, are the celebrated Clot-Bey,* Baron Larrey, Delpech, and others of sound experience. A brief table of four of Clot-Bey's successful cases may serve to show the feasibility of Doctor Thebaud's proposed operation, and at the same time give encouragement as to its ultimate results.

Operations for Elephantiasis of the Scrotum, by the distinguished Surgeon, Clot-Bey.

Disease.	Weight.	Business.	Age	Result.
1st. Elephantiasis of the scrotum.	110 livres.	Religious dervise.	46	Recovered.
2d. Do. do. do. with complication of inguinal hernia on the left side, and two hydroceles of the tunica vaginalis, performed Aug. 18, 1833.	70 livres.	Mason.	26	Recovered.
3d. Ele. of the scrotum, which necessitated a double crastration. Operation 23d Aug. 1833. At Alexandria.	80	——	27	Successful.
4th. Ele. of the scrotum, of a Syrian Turk, named Ali-Aga Guereson—a disease of five years growth. The penis, in this instance, was restored in its primitive envelope.	65	——	40	Successful.

Dr. E. F. Kavanaugh, late of the rebel army, died at the St. Carlos Hotel, city of Mexico, on the 28th Feb. Deceased was a Missourian and a graduate of the St. Louis Medical College. He was buried by his self-expatriated and exiled comrades in the "Strangers' Cemetery," a lovely spot of ground not far from where Cortez once sat to view the beautiful valley of Mexico.

* See account of this case published in the Savannah Medical Journal, January number, 1866.

* See Mémoires de la Société De Chirurgie De Paris, 4me Tome, 1857.

Hospital Reports.

Pennsylvania Hospital,
March 17th, 1866.

Medical Clinic by Dr. Da Costa.

Reported by Dr. Napheys.

Pathological Specimen.

I have here a specimen to show you, taken from a case that interested us greatly during life, which was admitted into the hospital only on the 13th inst., with a history of having suffered from an acute thoracic affection. The man's name was S——, thirty-two years of age, a laborer. After exposure he was taken sick with headache, pain in the limbs, cough, marked pain in right side, fever, and painful breathing. On admission, his pulse was found to be 140, and respiration 44. He was much easier in sitting position than when lying down, and expectorated, he stated, a thick tenacious brownish mucus; but the expectoration, as we saw it, was very offensive, yellowish, and nummular. The cough gave him pain. He was very weak, and was at once placed on stimulating treatment; and subsequently counter irritation by means of iodine, and a mixture of acetate and iodide of potassium were also used. Examining him on the 15th we made this note of his condition, and it may be instructive for you to compare the phenomena thus noted during life, with what we observe as the post-mortem appearances. It was recorded that the man was breathing with great difficulty; that he had a pulse of 128, respiration 42; and that his skin was heated, though there was unquestionably a tendency toward sweating. His urine contained no albumen. When we came to examine the chest we found the most undoubted evidences of a pleurisy on the right side, as follows: posteriorly, over the supra spinous fossa, some dulness, mixed with a tympanitic character of sound, the dulness becoming very marked as we proceeded downward, until at lower portion of right side there was most absolute dulness. The left side posteriorly was resonant. The left side anteriorly showed a high percussion note, and some lack of pulmonary resonance under clavicle, but we could not say anywhere dulness was observed. At the lower portion of right lung posteriorly, we noticed, on auscultation, a very feeble breathing, not in the least tubular, and toward the spine marked friction sounds. On the left side posteriorly, there were many coarse crackling rales, not completely masking the respiration. The left side anteriorly presented harsh breathing, mixed with coarse moist rales, without any friction phenomena. A subsequent note confirms this record, showing marked friction phenomena on right side, with great dulness at lower portion of right lung, and absent breathing; also that the vocal fremitus though felt, and the vocal vibration though heard, were not as distinct as they were on the left side. The left side presented much the same phenomena throughout, namely, a harsh breathing, with coarse kind of rales, not like ordinary mucus rales, but much more sharply defined. It was stated that over the cardiac region these coarse crackling rales were heard.

The post-mortem shows a very marked and admirable illustration of pleurisy, with great thickening of pleura. You see, as I tear off in part the pleuritic membrane, it is very thick. The lung itself under this membrane is partially condensed or hepatized. We cannot be sure that this abnormal appearance is not the result merely of condensation until we see if the lung sinks or floats, and as you now perceive, the portions we are testing all float: the inference is that they were simply condensed by the effusion, and not, at least now, the seat of pneumonic exudation, though it is very possible, from the history of the case, that pneumonia had previously existed. Remember the man lived for two weeks at least after his seizure, and that he had at one time, from his own account and from that of a gentleman who saw him, a rusty sputum, and it is probable that the pneumonic complication has very nearly or entirely passed away. There are also in the left lung evidences, as you see, of a muco-pus in the smaller bronchial tubes. Taking a portion of lung from the upper part of the left side, where we noticed a slight difference in pulmonary resonance, you see it is evidently much heavier and dense than a healthy lung would be; it very nearly sinks; and in other parts the same appearances are found, while there is a great deal of congestion. On cutting both lungs, you notice in both some œdema and a considerable quantity of muco-purulent secretion, which can be squeezed out of the smaller holes. The heart is rather large, the right side on its exterior somewhat fatty, though I doubt whether this condition extends far into the texture of the heart. And there are on the surface of the heart some small, dense, whitish spots, evidently the result of old fibrous thickening of the pericardium.

To you this specimen will be mainly interesting as one of marked pleurisy, or pleuro-pneumonia, if you like to assume that was the condition at first.

There was a great deal of interest about this case to determine whether so general a disease was the result of tubercular complication or not, and we commenced, with this view, as an aid toward our diagnosis, a series of temperature observations. But only two records could be taken, the one showing the heat in the axilla to be 104° F., the other 102°, for the man was in a very prostrate condition when he came in, and only lived a few days in the hospital. The reason why we started these observations at all was that, though the diagnosis of pleurisy with effusion on the right side was quite evident, though there was most undoubted history here of an acute attack, and no history whatever of previous tubercular taint, yet there was the fact of bronchitis with partial condensation of portion of left side, and, as strange to say, we found the signs of condensation most marked under the clavicle. In a child, these signs, if present, would not have excited the least suspicion of tubercular taint. But in the adult, bronchial inflammation running here and there into lobular pneumonia is exceedingly uncommon, and when we find it, we ought always to bear in mind the likelihood of its tubercular origin.

University of Maryland,
December, 1865.

Surgical Clinic of Prof. N. R. Smith.

Reported by J. W. P. Bates, M. D., of Baltimore.

Injury of the Hand.

Man, æt. 25, sailor. This man got two of his fingers mashed on board of a vessel—occurred some weeks ago. These injuries, in constitutions not exactly healthy, often give rise to a lingering paronychia, which is a very intractable disease. If you extract the nail there will be a great abatement of the symptoms, but as soon as the nail is reproduced, the disease is reproduced with it. The application of caustic potassa is a certain cure.

This man has a disease of the eye. The lower eye lid is adherent to the eye-ball. That is, the conjunctiva has been destroyed, and there is a cicatrix. Had it ever since he was six years old. The cornea is opaque, and the cicatrix adherent to it. We cannot do anything of any advantage for it. Some would dissect it up, but such a procedure would do no good. If this cicatrix adhered to a portion over the iris, and there was another portion of the cornea transparent, there would be some hope of forming an artificial pupil. This condition often results from the mistakes of surgeons.

Gonorrhœa.

Man, æt. 27. This man had gonorrhœa, and was treated successfully in the usual way. He now has a swelling in the groin. Has had no chancre. The femoral glands are affected, and not the inguinal. It is not likely this originated from gonorrhœa, as there is nothing specific about it. Open it freely, and apply a poultice. Inflammation of the femoral glands is frequently met with. It may result from a corn on the toe, or injury of the foot. They generally disappear with the exciting cause, and seldom result in suppuration. There has been considerable dispute on the question whether gonorrhœa is followed by constitutional symptoms. Some maintain that gonorrhœa and syphilis are one and the same disease, but they are quite as distinct as they can be. There can be no doubt about the disease being followed by constitutional symptoms occasionally. Thus rheumatism is one of the well known sequelæ. We have a patient affected with it in the house at the present time. He is taking tr. guaiaci comp., and improving somewhat.

Syphilitic Ulcer.

Man, æt. 30. Has an ulcer on each leg. Never had chancre—had bubo. The matter was absorbed, without producing a sore on the penis, and carried to the glands of the groin, where it went through the usual course. Generally a sore is produced, but sometimes you have bubo and the constitutional symptoms, when no chancre can be discovered on the most careful examination. The treatment in this case does not differ from others of the same disease which I have shown you. I only brought him before you on account of the absence of chancre.

Necrosis of the Rib.

Man, æt. 25. About two years ago he received a blow which injured the rib. There is now a fistulous opening over the sixth rib on the right side. Opening enlarged, and some small pieces of bone extracted. Not probable that the pleura will be affected. Let an oiled tent be introduced to keep the cut surfaces from adhering.

Fibrous Tumor.

Man, æt. 35. Has a tumor under the right ear. If there were a cluster or enlargement of the glands I should not remove it. He has had it five or six years, and that is pretty conclusive evidence that it is not malignant, for they progress more rapidly, though they differ much in this respect. It is not connected with scrofulous adenitis. We make a nearly straight incision, extending downward from the lobe of the ear about two inches and a half, and dissect the tumor out. In these tumors you find laminæ penetrating them, and if you follow them you shall wound parts which you should not, and to avoid this, keep the knife close to the tumor. Sometimes these tumors are developed in the parotid gland. It is a question between surgeons and anatomists whether this gland can be removed. Surgeons say they have removed it, while anatomists assert that it is impossible, but the surgeons are right, for I have removed it entirely. Sometimes I have only had to ligate one or two vessels, for by the disease the vessels become obliterated. This tumor is what Dr. Warren calls non-malignant carcinoma. If it was found adherent, not well defined, very vascular or deep seated, it would go to prove that it was carcinomatous, and better not be removed.

Venereal Warts.

Man, æt. 25. Sometimes called mucous papules. They often arise from gonorrhœa; form on the prepuce, and the mucous membrane around the anus. If on the glans penis, and prominent, clip them off; if not prominent, as in this case, use solution of bichloride of mercury (grs. xx. to ℥j.), applied by a camel's hair pencil. This acts as an escharotic and specific, and you can cure them in a very short time. Some apply nitric acid, but I prefer the bichloride. If the parts are much irritated, suspend for 24 hours, and then use it weaker.

Injury of the Nose.

Man, æt. 22. This man received a blow on the nose four days ago. The septum is greatly distended; cannot breathe through his nose. The septum appears to be the only part injured, as blood and pus have collected between the membranes. Punctured, and the matter discharged. Now he can breathe without difficulty.

Felon.

Man, æt. 37. Why does this disease produce this result? Is there anything malignant in its character that it should destroy bones, tendons, etc.? Not at all; all is dependent upon anatomical character. The matter cannot penetrate the fibrous membrane, and collects around the bone. Generally, nothing necessary but to lay them freely open, a mere prick will not do them any good. We wish to give issue to the matter and relieve tension.

Medical Societies.

NEWARK MEDICAL ASSOCIATION, N. J.

(PROCEEDINGS OF MARCH MEETING.)

Prevalence of Diarrhœa.

Dr. Cross called the attention of the Association to the question, whether in the experience of the members there appeared to be a greater prevalence of diarrhœa during the present season, than usual, and if so, whether it might not be due to choleraic predisposition? Observations in his own practice led him to think that such was the case. Cases of diarrhœa had occurred with much greater frequency than ordinarily during the season. In one family three children were attacked, and in another family, living in the same house, under charge of another practitioner, several more cases occurred, of which one died.

Dr. Lehlbach inquired if in these latter cases any local causes could be traced.

Dr. Cross replied that the water used by these families appeared to be of good quality. Paint kegs were used as buckets for dipping water from the well, and it had the taste of water kept for a time in newly painted pails. The diarrhœa could hardly be ascribed to this. He noticed an unusual number of outhouses in the yard of the dwelling, and surroundings, and a number of privies were close by.

Dr. Mills stated that in certain localities in that part of the city, known as the "hill," he had found diarrhœa to prevail the year round, and it must, undoubtedly, be attributed to the use of shallow wells, or wells so situated on the declivity of a hill that they contain surface water, contaminated by, and impregnated with, the effluvia of privies, sinks and cess-pools. There is a well close to his house, with water so tainted by the vicinity of privies and yards, that it is unfit for use, though largely used by people in the neighborhood. He knew of a tenement house in Nesbitt street, occupied by twelve families, where the majority of the inmates were habitually subject to diarrhœa. They were generally clean, and the sanitary condition of the house good, so that no cause could be assigned for the prevalence of the disease, except contaminated water.

Dr. I. A. Nichols had, during the last two months, noticed in his practice a much larger number of diarrhœa cases than usual at this season. None, however, were severe, until a case which occurred a few days ago, in an old lady, when purging and vomiting set in rather suddenly, accompanied by great prostration, and toward the last the discharges became quite serous, and presenting nearly the character of the rice-water stools of cholera. There was, however, no indication of collapse. In several cases the exciting cause appeared to have been the eating of fish; but in by far the larger number, which he had treated during the last three weeks, neither a predisposing nor exciting cause could be traced. A noticeable fact, too, was that the cases observed by him generally occurred first between the hours of four and six o'clock in the morning.

Two Cases of Miscarriage at Six Months' Pregnancy; Respiration and Extra-Uterine Life of Fœtus.

Dr. Dodd related a case which had occurred in his practice. He was called in haste to visit Mrs. W. early in the morning of August 16th, 1861. The distance was short, and it could not have been more than half an hour before he saw the patient. Upon entering the room, her mother stated that she believed something had passed away. On making an immediate examination he found that birth had taken place, together with the placenta, and the membranes unruptured. Calling for a vessel, a chamber-pot about half full of urine was furnished, and the whole mass was passed from the bed to the vessel, which became full to the brim. The bed was then made clean, bandage applied, and the patient rendered comfortable, which consumed at least 20 or 30 minutes. He then examined the fœtus, which was done by removing the mass from the vessel, and rupturing the membranes. To his surprise, a child about six months advanced in fœtal life appeared, with signs of life, capable of taking inspirations at lengthened intervals, and *crying*. It lived until 6 o'clock in the evening—nearly 12 hours. The child weighed about three pounds.

An interesting point in this case is, how the child could preserve vitality for the period of at least a half hour, independent of any connection with the mother, and entirely shut off from air. In answer to a question of Dr. Woodhull he would state that the placenta was connected with the sac, and that when he ruptured the membranes, slight pulsation could be felt in the cord, which was then tied.

Dr. Woodhull related a case which occurred to him in hospital practice. A woman, in her sixth month of pregnancy, went to ease herself on a chamber-pot, which was accomplished in a manner, however, entirely surprising to herself, as she gave birth to a fœtus. When he saw the patient the fœtus had remained in the vessel some 15 or 20 minutes, not enclosed in the mem-

branes, which had been ruptured. It was laid alongside of the vessel, and in attending to the mother, he accidentally gave it a kick, when, to his own astonishment, and the mother's, it commenced to cry. Respiration, at lengthened intervals, as in Dr. Dodd's case, took place, and the child lived 23 hours. It weighed 1 pound and 10 ounces. It had been under water entirely without the membranes during the 15 or 20 minutes, and at the time when it was taken out of the basin not a particle of pulsation could be detected in the cord, nor was there the natural resiliency of the cord on feeling it with the finger.

These cases reminded him of a little fœtus in his possession, small enough to be contained in an ordinary quinine bottle, but in which the development was extraordinary. The nails are perfect, the eyes opened, the bones of the head well formed, and points of ossification complete. Ossification had proceeded about as far as in an ordinary seven months' fœtus.

Diabetes Mellitus; New Method of determining the Quantity of Sugar in the Urine.

At the February meeting Dr. Woodhull related a case of diabetes now under treatment. There has been a very marked diminution of the quantity of sugar present, and the treatment had consisted merely in the total abstinence from all saccharine or amylaceous substances, and the administration of quinine and iron.

In connection with this case Dr. Woodhull spoke of the trouble we are usually subjected to in order to obtain a correct quantitative analysis, showing exactly the quantity of sugar in a given amount of urine. The plan by evaporation is very tedious, and is really defective. The tables of Prout have been shown to be very far from absolutely correct. The volumetrical method of Fehling is probably the most reliable, but it requires so great care in measuring and weighing out exactly so many grains of urine, and so many drops or equivalents of the copper solution, that most practitioners are unwilling to go through the whole detail, desirable as the result might be. The simplest plan is that of Dr. Roberts, of Manchester, England. With all its simplicity it is as reliable as Fehling's, the two having been rigidly compared. All that it is necessary to have on hand is a urinometer, a 12 oz. bottle, a 4 oz. bottle, and a small lump of common German yeast. Let exactly 4 ounces of recently voided urine be placed in each of the bottles; let the smaller be tightly, the larger with the yeast added, loosely corked, and let them both be placed together in a moderately warm place. After 24 hours take the specific gravity of the contents of each bottle, and *the difference in density will show the number of grains of sugar in a fluid ounce, each degree representing a grain.*

For example—if the specific gravity of the contents of the smaller bottle be, - - - 1045
and of the larger, in which fermentation has taken place, be, - - - - 1006

the difference, 39 will show that there are 39 grains of sugar in every fluid ounce of the diabetic urine of your patient. The use of the second smaller bottle of urine is to secure an identical degree of temperature in the two specimens, which it is difficult to obtain when the specific gravity is taken before and after fermentation. The simplicity of this method is commendable, and its correctness equals its simplicity.

Editorial Department.

Periscope.

Three Cases of Diphtheria, in all of which Tracheotomy was Performed, and in One Case Cæsarian Section,

are reported in the Middlesex Hospital Reports in the *Brit. Med. Journal*, Feb. 17. We give a synopsis:

Case I. Married woman, æt. 26, eighth month of pregnancy, admitted Dec. 14, 1865. One of her children had died from a throat affection the same morning. Patient had been taken ill, ten days previously, with sore throat and a hard dry cough, which was neglected until Dec. 8th, when difficulty of breathing and swallowing set in, and on the following day lost her voice.

On admission, face turgid, slightly livid; aphonia complete, respiration 22, labored, crowing inspiration. Very slight expansion of chest with inspiration. Fauces showed no trace of exudation, but were everywhere red and granular.

Liquids, brandy, and strong beef-tea by injection. During the day she became drowsy, and the dyspnœa and lividity of the countenance increased, so that *tracheotomy* (Mr. Hulke) was performed and a double canula inserted. Copious hæmorrhage, and the discharge by coughing of a large quantity of bloody mucus and portions of false membranes followed. Breathing became more tranquil and air entered the lungs freely. Four hours later, respiration became again oppressed, but quickly relieved by removing from the inner tube a plug of false membrane. Four hours later, another paroxysm of apnœa caused by a portion of membrane in the trachea, which was expelled by a forced expiratory effort. She sank afterward, and died about five hours later.

The abdomen was opened immediately after death, and the child removed; showed signs of life at first, but could not be resuscitated.

Case II. Male child, 2 years old, admitted forenoon Jan. 1, with great oppression of breathing, having to sit up in bed and struggle for breath. Expression extremely anxious, alæ nasi expanded. Respiration variable and stridulous. Resonance over chest, but no air was heard entering the right lung, while it freely permeated the left. Pulse imperceptible. Soft palate, uvula, fauces were found covered with a thick, greyish exudation, and the glands under the jaw were somewhat swollen. He had been seized with feverish symptoms about ten days previously, followed by dyspnœa till he was brought to the hospital.

Tracheotomy (Mr. Worthington) soon after admission; double canula, through which some bloody mucus, but no membrane was expelled. Respiration immediately became tranquil, and air passed freely to every part of the right lung anteriorly. A trace of pulse could be felt at the wrist five minutes after the operation, but did not increase in strength afterward. Beef-tea and wine injections. At midnight, pulse again imperceptible. During the night, the dyspnœa, which recurred at intervals, was each time relieved by clearing out the tube; and the breathing continued pretty tranquil till 10 A. M., when he became rapidly worse, and died at 11 A. M.

Case III. Female child, 4½ years old, admitted about 9 A. M., Jan. 4th, with hoarseness amounting almost to aphonia, croupy cough, and great dyspnœa. Respiration 50, short, very superficial—little air entering the lungs, especially the right. Face livid, skin perspiring very freely. Pulse 156, small. Glandular swelling on each side, below jaw. Only a little viscid mucus observed adhering to the fauces. Had suffered from cough and hoarseness for ten days, no other history. At noon dyspnœa so great that *tracheotomy* was performed, (Dr. Worthington,) and double canula inserted. Patient much relieved, at 2 P. M. was lying tranquilly on her back, respiration 50 and thoracic; vesicular breathing all over chest; pulse 136, full, soft, and compressible. Beef-tea and brandy by mouth and injection, and ice to suck. Slept at intervals during the night, and took drinks freely.

Breathing remained moderately calm until 4 P. M., next day, when dyspnœa returned, and little air entered the lungs, except the left upper lobe. Percussion note deficient in resonance on both sides, especially the right. Died at 7 P. M.

Autopsies. 1st Case. A diphtheritic membrane coated the posterior part of pharynx and larynx, where there was also considerable œdema, nearly closing the rima glottidis. Trachea and bronchi congested, but free from false membranes.

2d Case. Ragged patches of false membrane scattered over tonsils, palate, uvula; mucous membrane under these ulcerated. Epiglottis thickened and surface studded with small patches of membrane. Larynx, as far as the true vocal cords, was partially covered by a similar false membrane, and its ventricles were ulcerated. Whole surface of trachea reddened and granular, and in its lower part covered by a viscid yellowish layer of membrane, extending into the bronchial tubes on both sides. Right lung of much smaller bulk than left, and congested; patches of nodular pneumonia frequently alternating with depressions, caused by collapsed portions, studded the surface and sections of the upper and lower lobes. Some nodular pneumonia, but no collapse of the left lung.

3d Case. Tonsils enlarged, and exuding pus on incising the follicles. Soft palate normal. Adhering to under surface of epiglottis a tough, greyish-yellow, false membrane, continuous with a layer extending along the larynx, where it filled up the space between the vocal cords, trachea, and bronchi, as far as the third or fourth division. Mucous membrane beneath the false membrane red and granular. Lungs somewhat œdematous, and pus exuded from smaller bronchial tubes. Right cavities of heart distended with loose black clots—left nearly empty. Salivary glands and Peyer's patches enlarged, some of the mesenteric glands infiltrated with cheesy matter; kidneys normal, urine loaded with albumen.

Successful removal of the Uterus and both Ovaries by Abdominal Section.

We have already given, in a recent number, a short account of an operation by Dr. Horatio R. Storer, of Boston, involving the removal of the uterus and both ovaries, and followed by success. The case has given Dr. Storer opportunity for a short monograph on the subject, which is reprinted from the *American Journal of Med. Sciences*, and contains a pretty thorough examination of the literature of the subject. The following is a list of the hitherto recorded cases, with names of the operators:

	Operations.	Deaths.
Clay,	3	2
Heath,	1	1
Burnham,	9	7
Kimball,	3	2
Parkman,	1	1
Peaslee,	1	1
Koeberle,	1	0
Baker Brown,	1	1
Wells,	1	1
Sands,	1	1
Buckingham,	1	1
Storer,	1	0
	24	18

Dr. Storer states his creed, as to abdominal sections, in the following general formulæ:

1. Almost all ovarian tumors, a far greater majority than has been generally supposed, may be safely removed by abdominal section.

2. A certain proportion, as yet not ascertained, of uterine tumors, fibroid or fibro-cystic, may be safely removed in a similar manner.

3. A large proportion of the fatal instances of either operation referred to, may be traced to neglect of simple precautions, prophylactic, immediate or subsequent.

4. Others still, to the fact that the patient was allowed to linger without assistance, till she was already practically moribund, before the commencement of the operation; and

5. Still others, that the surgeon's heart failed him after the abdomen had been opened, and the operation was not completed.

Pathology of Cholera, Collapse; Spasm of Pulmonary Artery.

Dr. George Johnson, of London, considers (*Brit. Med. Journal*) choleraic collapse to be the result of an arrest of blood in the minute branches of the *pulmonary artery*, owing not to the impossibility of the blood to pass on account of thickening—for collapse often takes place before there has been much loss of serum, and in other cases collapse passes away while the blood-thickening is still going on—but due to *spasm of the pulmonary artery*, and its minute branches (not the pulmonary capillaries.) His reasons may be condensed as follows:

The arteries receive little blood from the left side of the heart, as evident from feebleness or absence of pulse, shrinking of the tissues, sinking of the eyeballs. This small supply of blood in the systemic arteries is not the result of mere want of power in the heart, for these pulseless patients retain a considerable amount of muscular power, as they can stand up and walk about without fainting. Then alcoholic stimulation, which excites the heart and improves the pulse of an excited patient, aggravate the symptoms of collapse. The inference is, that in collapse there must be an impediment in some part of the lungs. That this impediment is not in the capillaries is shown by the absence of any signs of accumulation of carbonic acid in the blood, which is always associated with capillary engorgement of the lungs, and its soporific effects upon the brain. During collapse, although there is evidence that the amount of carbonic acid exhaled is greatly reduced in amount, there is no physiological or chemical evidence of any excess of this gas in the blood. It is evident, therefore, that there is diminished *formation* of carbonic acid during choleraic collapse. In the same manner the formation of bile and urine is lessened. Since bile, urine, and carbonic acid are correllative and complementary products of oxidation of blood and tissues, it is manifest that during collapse there is defective oxidation.

What is the cause of this diminished oxidation in collapse? There is evidence of a partial arrest of blood in the lungs, and a consequent small supply to the left side of the heart and the arteries. The arrest does not occur in the capillaries of the lungs; if so, the systemic arteries would be *distended* with black blood, and the patient would be narcotized by accumulated carbonic acid. The arrest then must be in the arteries before the blood reaches the capillaries; such an arrest completely explains all the phenomena. For, as the stream of blood through the pulmonary capillaries is the channel by which oxygen is introduced, and since other conditions remaining the same, the absorption of oxygen by the lungs will bear a direct relation to the volume and rapidity of the blood-stream, it is manifest that, with a reduction of the current of blood through the lungs, there must be a corresponding diminution of the amount of oxygen, and, consequent upon this defective oxygenation, reduction of temperature and diminished formation of carbonic acid, bile, and urine.

Ozone.

At a recent meeting of the British Association for the Advancement of Science, Dr. B. W. Richardson (*British Med. Journal*) gave the following synopsis of our present knowledge of ozone:

1. Ozone in a natural state is always present in the air in minute proportions; viz, one part in ten thousand. 2. It is destroyed in large towns, and with special rapidity in crowded, close, and filthy localities. 3 Ozone gives to oxygen properties which enables it to support life. In this respect it acts like heat; its effects are destroyed by great heat. 4. Ozone diffused through air in minute quantities produces, on inhalation, distinct symptoms of acute catarrh. 5. When animals are subjected to ozone in large quanties, the symptoms produced, at a temperature of 75°, are those of inflammation of the throat and mucous membranes generally, and at last congestive bronchitis, which in carnivorous animals is often rapidly fatal. 6. When animals are subjected for a long period to ozone in small proportions, the agent acts differently, according to the animal. The carnivora die, after some hours, from disorganization of the blood separation; but the herbivora will live for weeks, and will suffer from no acute disease. 7. The question whether the presence of ozone in the air can produce actual disease must be answered cautiously. Science has yet no actual *demonstrative* evidence on the point. But the facts approach to demonstration that catarrh is induced by this agent. All else is as yet speculative. 8. During periods of intense heat of weather, the ozone loses its active power. 9. On dead organic matter, undergoing putrefaction, ozone acts rapidly; it entirely deodorises by breaking up the ammoniacal products of decomposition. At the same time, it hastens the organic destruction. 10. There is an opposite condition of air in which the oxygen is rendered negative in its action, as compared with the air when it is charged with ozone. Air can thus be rendered negative by merely subjecting it, over and over again, to animals for respiration. The putrefaction of such air from carbonic acid and other tangible impurities, does not render it capable of supporting healthy life; but ozone restores the power. In a negative condition of air, the purification of the organic matter is greatly modified, and the offensive products are increased. Wounds become unhealthy, and heal slowly in such negative air. 11. There is no demonstrative evidence, as yet, that any diseases are actually caused by this negative condition of air; but the inference is fair—that diseases which show a putrefactive tendency are influenced injuriously by a negative condition of the oxygen of the air. It is also probable that during this state decomposing organic poisonous matters become more injurious. 12. As ozone is used up in crowded localities, and as it is essential that ozone should be constantly supplied, in order to sustain the removal of decomposing substances and their products, no mere attention to ventilation and other mechanical measures of a sanitary kind can be fully effective, unless the air introduced be made active by ozone. Fever hospitals, and other large buildings in towns, should be artificially fed with ozonized air.

Treatment of Cholera.

Dr. S. P. Hubbard, of Taunton, Mass., in the *Boston Med. and Surg. Journ.*, gives the following formula, which in his experience has yielded the best results in cholera:

℞.	Capsici baccati tr.,	℥iv.
	Gum camphoræ,	℥ij.
	Lobel infl. semin.,	℥j.
	Xanthoxyli fraxinei,	℥viij.
	Ol. menthæ pip.,	f.℥j.
	Ol. gaulther., procumb.,	f.℥j.
	Ol. cassiæ,	f.℥ss.
	Spi. vini rect.	cong., j. M.

Digest ten days, shaking frequently. Dose from teaspoonful to one tablespoonful in sweetened water, warm if convenient; repeat often if it is not retained, and give by enema as well as by the stomach, in warm water.

Regarding the treatment of cholera by chloroform, the last number of *Braithwaite's Retrospect* contains a summary of the opinions of eminent men, and it is thought that it will become the *most important remedy* in this disease. The opinions of Drs. Hill, Brady, Plimmer, Steadman, with some illustrative cases, are given.

In our opinion, however, chloroform as hitherto used, has been given in doses *too small* to show its best effects, and from considerable experience in the internal administration of the remedy, we can state that from 15 to 20 and 30 drops, and even more, can be given at a dose without producing injurious effects. The impression of the remedy upon the ganglionic centres in cholera must be rapid and energetic to be beneficial, and to this end larger doses should be given than customary.

Ovariotomy.

A case of ovariotomy is reported by Dr. E. B. Wolcott, of Milwaukee, Wis., in the *Chicago Medical Examiner*. Patient unmarried, 27 years of age, tumor first discovered in the fall of 1863, when menses ceased. In May, 1864, abdominal dropsy became so severe that tapping was resorted to. From that time until September, 1865, the operation had been repeated nineteen times. She was then rapidly failing. September 23d, after another tapping, ovariotomy was performed. Contents of the tumor of thick consistence; adhesions easily broken up by the fingers. The attachment was to the right ovary by a pedicle about two inches wide, three-fourths of an inch in thickness. This was ligated by passing a double cord through the centre and tying both ways, with great firmness. The tumor weighed fifteen pounds, was multilocular, the cysts being filled with a thick ropy substance.

The after treatment consisted of mild nourishing diet, occasional use of stimulants, a pill every six hours, consisting of leaves of digitalis, quinine, one grain each, extract of hyosciamus two grains, calomel and ipecac, one-fourth of a grain each, continued for a week, and then only twice a day, occasional doses of quinine and morphine. Ligatures came away on the thirtieth day, and the patient is now attending to her household duties.

Double Uterus.

The *British Med. Journal* credits to the *Wiener Medic. Wochenschr.*, the following case related by Dr. Spaeth before the Med. Soc. of Vienna. A girl, æt. 18, primipara, was admitted into hospital. On examination, there was found to be a double os uteri, and the existence of a bilocular uterus was therefore suspected. After the first labor-pains had set in, the patient was seized with convulsions, which recurred and ended fatally, in spite of the hypodermic injection of acetate of morphia. During life, it was found that both orifices were dilated, and gave the sensation of an os uteri divided by a band; this was divided by scissors, and the child was discovered presenting transversely. After death, the uterus was found to consist of two cavities, of which the right was somewhat larger than the left. In the septum was an opening, which Dr. Rokitansky and Spaeth believed to have been formed during pregnancy. A corpus luteum was found in the left ovary.

Reviews and Book Notices.

Diarrhœa and Cholera: Their Origin, Proximate Cause and Cure, through the Agency of the Nervous System, by means of Ice. By John Chapman, M. D., M. R. C. P., M. R. C. S. J. B. Lippincott & Co., 1866. Pamphlet, 12mo., pp. 57.

We have not been, by the reading of this pamphlet, converted to Chapmanism, neuropathy, "vaso-motor therapeutics," or, as we would prefer to call it, *ganglio-therapy*. We consider Dr. Chapman's physiology to be bad, his pathology worse, and his therapeutics empirical, awaiting trial, like everything else in our experimental art of medicine. If ice-bags *should be* proved to be useful in cholera, there are twenty other ways of explaining their action, besides the hypothesis borrowed by Dr. Chapman of Bernard and Brown-Séquard. Nor is the practice altogether new. Ice was applied to the spine in tetanus by the late Dr. R. Bentley Todd; and ice frictions have been used in the treatment of cholera since 1832. The writer of this notice used them in one case in 1849.

Our readers are probably all acquainted with the theory of neuropathy, which threatens to be the "pathy" of the day. As Dr. Chapman states it, its essentials are, in brief, as follows:

1. Supply of blood, and innervation, determine all functional and nutritive activity of organs.

2. Innervation of the organs, generally, is determined by the supply of blood to their nerve-centres.

3. Heat is the great excitant, and cold the great constringent of the blood-vessels. Heat applied to the ganglia makes them hyperæmic

and functionally active; cold reduces their circulation, and paralyzes their action.

4. The duty of the ganglia is to maintain, by their innervation, the *contraction* of the arteries, by which the flow of blood into the organs is kept at a *minimum*. *Paralysis* of the sympathetic gangliæ induces *dilatation* of the blood-vessels.

5. Therefore, when any organ of the body is in a hyperæmic condition, the remedy is, to apply *heat* to its sympathetic ganglia. When the blood-vessels contract too much, and make an organ anæmic, apply *ice* to the ganglia, to paralyze them, and make the blood-vessels dilate.

A very simple theory, which we should be glad to believe capable of resolving all the problems of practice; but we *cannot* believe any such thing. As to the physiology of it, the present writer denies (no matter against what current authorities,) that the normal action of vaso-motor innervation is simply to diminish the calibre of the vessels, and lessen the amount of blood flowing through them. We deny also, with Virchow in *this* case to sustain us (Cellular Pathology, p. 156), that when vessels are dilated paralytically, as from cutting the nerves of the sympathetic, the hyperæmia following increases the nutrition or functional action of the part. In this position we may possibly stand almost alone, for the present; but we bide our time. There is no space in this notice, to state our argument.

But all pathologists must agree that there is obvious error in asserting, as *universal*, such a therapeutical principle. The occasional utility of heat, cold, or their alternation, applied to the back, in various disorders, would be nothing strange, and might be, as has been observed, variously explained. Let it be carefully tried;—*prove first, and explain afterwards.*

But, to the main point. Will ice-bags to the back cure cholera? Dr. Chapman, besides his theory, gives *one* case in which it was tried, but does not say whether death or recovery ended it. "The vomiting and purging were controlled," but she was left dreadfully feeble, "a dead weight," and the case was "one of peculiar difficulty." Not much, in this, of clinical support for the practice. As to the theory here, it has more plausibility than in reference to most diseases. That cholera is essentially characterized by spasmodic constriction of all involuntary muscular tissues (under a blood and nerve poison), has been held by many pathologists (Binaghi, of Warsaw, first, about 1831); and we believe fully that this is its correct pathology.

To reduce the tension of the tetanized ganglia is, therefore, the great desideratum. If ice bags will do this, let them be used; but, as the application of cold to the back is a powerful agent for good or evil, care must be taken in the experimentation. In desperate cases, where death follows common measures, new ones may rightfully be tried. Two facts encourage somewhat this experiment. First, that ice *internally* is more beneficial than any known medicine. Secondly, that, during collapse, external heat is distressing to the patient.

To notice further Dr. Chapman's lucubrations, we must add, that he objects to giving ice internally to a cholera patient; this must be "strictly avoided."* He argues also positively against "opium and all drugs which act as nervine stimulants," in the same disease. He protests, too, on theoretical grounds, against the giving of opium in tetanus; averring that it hastens the death of the patient.

With this we close his book. He has not satisfied us of the validity of the claim of his system to revolutionize medicine. Should we have occasion to treat a case of tetanus, we shall prescribe opium as well as alcohol, in moderation, for it. If cholera comes, we shall advise urgently the giving of ice to all of its victims, as often as they want it; and shall place more confidence in opium, camphor, and other "nervines" than in any other drugs.

Shall we use the ice-bags? *Nous verrons.*

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by numerous Cases and Engravings. By William Roberts, M. D., Fellow of the Royal College of Physicians, London; Physician to the Manchester Royal Infirmary, etc. H. C. Lea, 1866. Pp. 516, 8vo. *Price* $4.50.

Every physician should have on a convenient shelf, at least one well chosen treatise or monograph upon each distinct nosological subject. Is not that proposition true as well as trite? The *best* monographs, after all, would not make a very large library.

What Walshe is for the Lungs, Stokes for the Heart, Brinton for the Stomach, and Winslow for the Brain, Roberts may now be considered to be for the Urinary Organs. This is of course quite enough for us to say in favor of his book. A treatise which, besides a thorough digest of the present state of urological chemistry and micrology, gives an account also of all that is known about diabetes, gravel, and calculus, Bright's disease, and other renal affections, with their best treatment, is certainly worth possessing for reference as well as reading. It has been brought out here, also, in Mr. Lea's best style, well printed and well illustrated.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 14, 1866.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

VI.

Intermittent Fever.

Although the various forms of intermittent fever played a conspicuous part among the diseases of the army, they were not the source of any very great mortality. But malarial influence complicated many more serious and more fatal affections, so that the rate of occurrence of intermittents assumes a high significance in the appreciation of the comparative mortality of the several regions.

The total number of all forms of intermittent fever was 72,810 during the first year, 189,997 during the second, making a total, during the two years, of 262,807 cases reported. The mortality was very small, with the exception of the so-called congestive form—the pernicious fever of Wood. The whole number of deaths, including this more fatal variety, was 430 during the first year, and 1358 during the second, or 1788 during the two years. Excluding the congestive cases, the mortality of the other varieties was but 407 deaths for the two years, or one death to every 631 cases; and including them, as it is proper they should be, there was one death to every 147 cases, during the two years. Regarding the various forms, there occurred during the two years, of quotidian intermittent, 137,038 cases and 176 deaths; of tertian intermittent, 106,803 cases and 149 deaths; of quartan intermittent, 12,885 cases and 82 deaths; of congestive intermittent, 6081 cases and 1381 deaths.

Intermittent fever was more frequent during the second year than the first. In both, however, the total number of cases during the year amounted to considerably more than one-fourth of the strength. The mortality for the first year was a little over one per 1000 of strength, for the second, a little over two per 1000.

In the Central, it was more frequent and fatal than in the Atlantic, and in this than in the Pacific region. The annual average for the two years gives a ratio of deaths per 1000 cases—in the Atlantic region, of 5.64; in the Central region, of 7.49; and Pacific region, 0.49; and the number of cases to each death—of 177.30 in the Atlantic, 133.51 in the Central, and 2040.82 in the Pacific region.

From the tables given by Dr. Woodward it appears that while intermittents occur at all seasons of the year, they are most frequent in the latter portion of the summer, and during the autumn months. In the Atlantic region, the maximum was attained in September during the first year, in October during the second; in the Central region, in August and October during the first year, and October during the second; in the Pacific region, in August during the first year, and September during the second.

Besides developing intermittent fever and complicating other diseases, such as camp-fever and diarrhœa, the malarial influence manifests itself with considerable frequency among troops exposed to its action, by the development of a peculiar form of anæmia, which may be designated as chronic malarial poisoning. This condition, attended usually with enlargement of the spleen, and frequently with an increase in the number of the white corpuscles of the blood, manifests itself externally by languor, feebleness, and pallor attended commonly with neuralgic pains, and as it actually occurred among our troops, often complicated by slight scorbutic symptoms. Attacks of fever, pneumonia, or other acute diseases occurring among patients in this condition are peculiarly apt to prove fatal. Mild epidemics of *jaundice* have been of frequent occurrence among the troops in malarial regions, and are related undoubtedly to the malarial poison. The number of cases reported during the first year was 10,929, during the second year, 31,640—total, 42,569 cases, with 161 deaths.

Diarrhœa and Dysentery.

These disorders were reported under four heads—acute diarrhœa, chronic diarrhœa, acute and chronic dysentery. The words diarrhœa and dysentery were somewhat loosely used during the war. The disease most generally called chronic diarrhœa was, in fact, usually an affection of the large intestine, which was thickened, softened, and often ulcerated. The term dysentery would have been more exact, and was bestowed by many surgeons on the same affection which others called diarrhœa. Hence it has been thought advisable, in considering the figures, to group together all cases reported under these heads. The extreme frequency of these diseases makes it most important to understand these disorders. They constitute more than one-fourth of all the cases of disease reported during the period under consideration. The annual number of cases for the whole army was greater than three-fourths of the mean strength, and next after camp-fever, they were the chief cause of mortality from dis-

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

ease. The total number of cases reported during the first year was 215,214, with 1194 deaths; during the second year, 510,461 cases and 10,366 deaths—the total, 725,675 cases and 11,560 deaths. Taking the total, the ratio of cases was 765 per 1000 of mean strength during the first year, and 852 per 1000 for the second; so that considerably more than three-fourths of the whole strength was attacked each year. The mortality was 4 per 1000 of strength during the first year, and 16 during the second; the disease being just four times more fatal during the second year than the first. This increased mortality occurred chiefly in the chronic forms. Of chronic diarrhœa and dysentery there were 18,426 cases and 620 deaths during the first year, 71,830 cases and 8574 deaths during the second; the mortality increasing, therefore, from one death in every 30 cases for the first year, to one in every 8 for the second.

Like camp-fever and intermittents, diarrhœa and dysentery were most frequent in the Central region; less so in the Atlantic, and least in the Pacific region. In the Central region, the cases were more numerous than the strength during the first year, and nearly equal to the strength during the second; in the Atlantic, they were more than half the strength during the first year, and more than three-quarters during the second; in the Pacific region, during each year, somewhat over one-quarter the strength. The difference between the ratio of mortality to strength in the three regions was still more striking: in the Central region, the mortality was 9 per 1000 of mean strength during the first year, 23 per 1000 during the second; in the Atlantic, 1 per 1000 during the first year, and 9 per 1000 during the second; in the Pacific region, less than 1 per 1000 during each year.

Regarding *season*, diarrhœa and dysentery were by far the most frequent in the summer and autumnal months. In the Atlantic region, the greatest monthly ratio was during July, 1861, after which it diminished through the fall and winter, but again increased from March to June, 1862; July, 1862, was the maximum month for the second year. The cases greatly diminished in August, after the Army of the Potomac had withdrawn from the Peninsula to near Washington; but increased in September, and attained a second maximum in October, which is the month in which intermittents were most frequent in this region; it then diminished steadily till April, 1863, increasing again in May and June. In the Central region, the maximum month is August, 1861, after which there is a gradual diminution till December, an increase in January, 1862, a falling off in February, and a great increase in March and April. The monthly ratio became gradually less during May, June, July, and August, but increased considerably in September, after which it gradually diminished until January, 1863, when it increased again, and made subsequently but slight fluctuations.

The next article will contain a resumé of the interesting considerations of pathology and treatment of these disorders.

Notes and Comments.

Local Anæsthesia.

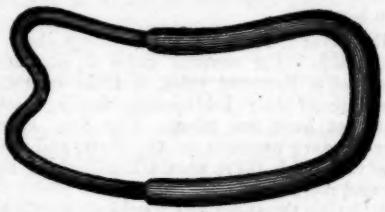
Our last British exchanges are still discussing the new mode of producing local anæsthesia by ether spray. Dr. B. W. Richardson, the author of the procedure, under date of February 28th, publishes in the *British Medical Journal* a letter giving the account of an operation of removal of a carcinomatous breast of a woman far advanced in life. In this case, owing, as Dr. R. avers, to the occurrence of an unforeseen mechanical difficulty in the spray producer, the deeper incisions and dissections gave rise to much pain; the superficial incisions were conducted, however, without pain. Dr. R. believes positively, that a sufficiently powerful apparatus may be contrived to render the method applicable in the larger operations. Thus far it seems to have been resorted to with success, in at least a hundred and fifty minor operations. Dr. Cruise, of Dublin, in a case of operation for fistulous canals of the breast, laid the sinuses open without pain, by freezing the parts previously with the ether spray. The local anæsthesia produced by Dr. R.'s method appears to be due mainly to the intense cold produced, to which is added the anodyne effect of the article itself. It will be remembered that some ten or twelve years ago, local anæsthesia was recommended by means of freezing mixtures, and a number of successful cases were reported. In 1859 also, Dr. T. A. Demmé, of this city, gave a method of producing local anæsthesia by carbonic acid gas.—(Med. and Surg. Reporter, Feb. 26th, 1859.)

Elephantiasis Arabum.

On another page is a history, with drawing, of a remarkable case of Elephantiasis Arabum. We have received a photograph of the same case from Mr. John Mountford, 272 Clark street, Chicago, Ill., from whom, and from Mr. David Choate, of 330 Third Avenue, N. Y., photographs can be procured.

Scattergood's Pessary.

We give below a cut of what appears to us to be a very excellent form of pessary. It is made of hard rubber, and weighs but half an ounce. It requires no external appliances. The larger parts are tubes made to receive the smaller parts, and allow them to slide smoothly therein. In the tubes are delicately formed gold springs, the operation of which is to open or extend the pessary to its full length. These springs make it elastic, and give it the power to adapt itself to the varied conditions of the vagina, in case of retroversion or prolapsus of the uterus.



The lower end of the pessary is made to span the urethra, and rest on the pubis; by this peculiar arrangement all pressure is avoided, and the passage for the urine remains free. These pessaries vary in size from one and a half inches wide by two and three-quarter inches long, to two and a quarter inches wide by four and three-quarter inches long. Each pessary, by its yielding springs, varies in length about three-quarters of an inch.

It was invented, and is manufactured by Mr. H. V. Scattergood, of Albany, N. Y.

College of Physicians and Surgeons, New York.

Graduates of the College of Physicians and Surgeons of New York, and others, will be glad to possess photographs of the Faculty of that institution for their albums. We have received a set, comprising excellent likenesses of Professors Detmold, Smith, Watts, Parker, Gilman, Clark, Dalton, St. John, Markoe, and Thomas. They can be procured of Thomas Denham, Janitor of the College, 23d street and Fourth Avenue, New York.

Books &c., Received.—The Application of Sutures to Bone in Recent Gun-shot Fractures, with cases; also Remarks on their similar use in some other Fractures and Operations. By Benjamin Howard, M.D., etc., Late Ass't Surgeon U. S. A. Communicated to the Royal Medical and Chirurgical Society of London, by John Birkitt, Esq., F. R. S. C., Hon. Sec. From Vol. xlviii. of the Medical Chirurg. Transactions.

☞ We have just received the Transactions of the American Medical Association for 1865—Vol. xvi., a portly volume, well got up, beautifully printed, and profusely illustrated, of 870 pages.

Correspondence.

DOMESTIC.

Portability of Cholera.

Editor Medical and Surgical Reporter:

I am obliged to Dr. Hartshorne for the facts he has communicated in regard to cholera, if they are facts, which at present I am not prepared to deny. But I beg leave to say that he does not quote me fairly. What I said was, "I am ready to be convinced and renounce my views *instanter*, if any one will only present *sufficient evidence* to outweigh that which I believe can be arrayed against him." Dr. H. has not done this, nor hardly begun to do it. The two cases where cholera broke out on board vessels far out at sea, having sailed from ports where cholera did not exist at the time of sailing, prove nothing; it would, to be conclusive, have to be proven beyond all doubt that no passenger brought on board clothes or goods from any place where cholera existed, and that none such were unpacked and exposed on board the vessel. It would have to be proved that *cholerine* had not existed on board from the time the vessel sailed. Besides, the *longest* period of incubation is not yet satisfactorily ascertained. Our Consul at Alexandria has recently communicated an instance to our Secretary of State, where it was nearly *two weeks*. The recent outbreak of cholera at Guadaloupe, W. I., from unpacking and exposure of cholera-infected clothing, a fact I believe undisputed, should serve as a satisfactory explanation of all such cases as your correspondent brings forward. How difficult it is for physicians to abandon opinions once formed! "So much the worse for the facts," is the usual reply to facts that are otherwise unanswerable.

As to the case of Spain, from which I stated cholera was excluded by rigid quarantine in 1854, I derived the fact, or statement, from a medical friend who visited that country and travelled extensively over it; as I understood it, that year, but in all probability I have mistaken in regard to the exact year. I shall make inquiry, and if either of us is in error, shall acknowledge the same in a future number of your journal.

But it is a matter of little consequence, one way or another, whether mistaken or not; the

facts now in favor of the *portability* of cholera, both by persons and effects, are so numerous and well established, that I much doubt whether "*sufficient*" negative evidence—and it must be such of necessity—can be brought to neutralize or set them aside. Charles A. Lee, M. D.

Peekskill, N. Y., April 6, 1866.

Scabies.—"Army Itch."

Editor Medical and Surgical Reporter:

Among the numerous specifics for "Army Itch" which have been brought to the notice of the profession through your journal, I have not seen the sulphuret of calcium mentioned.

A wash of the proper strength is easily made by boiling one ounce of recently slaked lime and one ounce of sulphur in two quarts of water, until the mixture is reduced to three pints. After filtering, the wash is ready for use.

I have used this preparation for scabies during the past six years, and have been entirely successful with it in every case. During the past six months I have had nearly two hundred cases among the recruits at this post, and have found no difficulty in effecting a speedy cure with this remedy, except the difficulty of getting soldiers to make as thorough an application of the wash as I desire.

I direct that it be thoroughly applied with the hand or a sponge for an hour every evening, for three or four successive evenings. A single application will often cure a recent case.

In cases complicated with other eruptions, the treatment appropriate for them is pursued at the same time.

The only difference I can discover between "Army Itch" and scabies, as it is met with in civil practice, is a difference in degree. Soldiers frequently neglect to apply for treatment until they are completely covered with the eruption, and in such cases it is sometimes so marked by lacerations made by the patient's nails and by secondary eruptions, that it would be difficult to recognize the disease if the case were an isolated one.

It is not surprising that the disease should cover a larger extent of the surface, and appear upon the outside of the limbs as well as in the flexures of the joints, when we consider the crowded manner in which soldiers live in their tents or barracks, and the carelessness that exists among them in regard to personal cleanliness.

The soldier catches the disease by sleeping with a comrade who is covered with the eruption, or in blankets which are filled with acari and their ova—and the disease is at once started from many different centres. The little acarus squats upon a new recruit with every prospect of a long life and a large family, and burrows away, undisturbed by soap or sulphur, until every square barley-corn of the poor soldier's skin is like a New York tenement-house—full inside and out.

George M. Sternberg,
Brevet Maj. & Ass't Surg. U. S. A.

Jefferson Barracks, Mo., March 25, 1866.

Case of Pulmonary Hemorrhage.

Editor Medical and Surgical Reporter:

Mr. G. J. R., of Boston, aged 35 years, gave me the following statement with regard to his own case:

He says: "I commenced bleeding about *July* 5th, 1857. For several days I expectorated blood of a light-red color, a little frothy. On the 11th of July I bled very freely; I should think at least *two pints*. The first symptom was a heavy pressure on the chest, and a tightness as though there were a belt buckled tightly around my chest.

"During the summer I would often spit blood. In November or December, 1857, I had another attack of hemorrhage, at which time I raised about a *pint*, the mouth filling with blood without any effort.

"I was then sick three months; too weak to leave my room. When I first went out, I walked about 500 feet, and was completely exhausted. After this I went out every day.

"In *April*, 1858, I weighed 112 pounds—rather light weight, for one who measured six feet and one inch in height, and whose ordinary weight is 160 pounds.

"I continued to spit blood occasionally for several months, though not to any great amount.

"In *July*, 1860, I had another slight hemorrhage, when I raised perhaps two gills.

"In 1861, the last of November, or the first of December, I had the most severe attack of all. I cannot say how much I bled at that time, as I was taken in the street about ten minutes walk from my boarding house.

"It was with great difficulty that I reached the house, as there was no carriage near and I had to walk.

"At that time the mouth filled so full of blood, that blood issued also from the nose. I have had much pain in the course of my life, but none to be compared with what I suffered on that night.

"I was covered with a cold sweat. My hair was as wet as if it had been dipped in a bucket of water. In all of these attacks I have had the same cold sweat and my extremities have been as cold as ice.

"I now (*November*, 1861), expectorate some, but not a great deal. Two or three times since 1861 I have raised blood to the extent of one or two gills.

"I have had five different physicians, all of whom believe the hemorrhage to have proceeded from the left lung."

Mr. R. is able now to walk about the streets,

though he does not attend to any business. His family have a strumous diathesis, and one of his brothers has suffered from pulmonary hemorrhage. W. H. Lathrop, M. D.

A Living Fœtus at Four and a Half Months.

Editor Medical and Surgical Reporter:

In your issue of March 31st, you notice a case reported by Dr. J. W. Taylor in the *Lancet*, where a living male fœtus was prematurely delivered about the fifth month of utero-gestation, surviving two hours. Permit me to relate a case which came under my own notice.

Miss S. H. S. was impregnated unquestionably on the 24th of August. She was delivered of a female fœtus, prematurely, on the 7th day of January following, which cried lustily for half an hour, so loud, indeed, that owing to the peculiar circumstances of the case, there was fear that more attention would be drawn to the mother than was pleasant. The child continued to breathe for upward of two hours, when it expired. It measured about six and one-half inches in length. Chandler B. Braman, M. D.

Brighton, Mass., March 31st, 1866.

Cerebro-Spinal Meningitis.

Editor Medical and Surgical Reporter:

With your permission I will ask—How shall we treat Cerebro-Spinal Meningitis?

This dreaded disease is becoming quite prevalent in this and many other sections of our country, and there seems to exist a great diversity of opinion in regard to the treatment. Will not some of the medical fraternity give us, through the columns of the Reporter, some practical hints, which have been derived from experience, and in their hands seemed to prove successful.

Yours, C. N. Palmer, M. D.

Sauquoit, New York.

News and Miscellany.

Influence of Social Position on Life.

It is said proverbially that poverty favors longevity, because the poor are not subjected to the bad consequences of luxury, and wealth. Dr. Majer shows the folly of the popular dictum. It has been proved by the researches of Benoiston, D. Chatauneuf, De Vilerme, Casper and others, that the value of life is less among the impoverished than the rich. Thus, of an equal number of infants of the same age double the number will die of the poorer than of the wealthier class. Where there is the greatest misery, there is the greatest mortality. According to Caspers the mean duration of life among the better classes of Berlin is fifty years, but among the paupers, thirty-two years only. The same writer compares the death rate of noble houses given in the *Almanach De Gotha* with the indigent of Berlin, and he shows that of 1000 infants among the former, 57 die in the first five years; but of the same number among the latter, 345. Whilst half of the poor only have attained the thirty-second year of life, half of the noble have attained the fifty-second. During epidemics the poorer classes are in an especial manner decimated. That simple well-being prolongs life is demonstrated by the low rate of mortality among persons who "assure" their lives in the assurance offices. A fifth or sixth part of negro slaves die annually. But the mortality among the free negroes who serve in the English colored regiments is only 3 per cent., that of slaves being 17 per cent. The learned professions, followed generally by persons of easy means, have an incontestable influence upon the duration of life. Thus, the mean age of fifty-two French literary men was sixty-nine years. Physicians, according to Dr. Escherich, cannot hope for a long life. At all periods of age they succumb in larger numbers than other professions. But the greatest mortality is during the early periods. Three-fourth die before fifty years of age, and ten-elevenths before sixty. Old men are rare among them.—*Half-Yearly Abstract of Medical Science, etc.*

Cholera; New Treatment.

Dr. John Gason, of Ireland, publishes in the *Lancet* a mode of treatment of cholera adopted by him during the epidemic at Tuscany, in 1855, as is claimed with success. As soon as the alvine "rice-water evacuations commence, or as soon after as possible, he places longitudinally beneath the buttocks a towel very tightly rolled up, on which a solution of chloride of lime has been sprinkled. This roller should be in length about nine or ten inches, and in diameter one and a half or two inches. It must be placed so as to allow the orifice of the rectum to come directly on the middle. The patient must be confined to the horizontal posture, and no motion, so as to affect the position of the roller, be permitted. Together with this, a broad flannel bandage should be carried tightly round the body three or four times, the part next the skin, and particularly that portion over the abdomen, should be well sprinkled with chloroform. All liquids must be withheld for the first few hours, notwithstanding the intense thirst of the patient. Gentle and continued friction should be kept up on the extremities, together with a moderate application of heat. Chloroform, in doses of three drops, to be given on a small lump of sugar every five or ten minutes, according to the urgency of the case.

The roller beneath the buttocks should not be removed for at least twelve hours after reaction has set in, and then replaced immediately by a fresh one. The patient will frequently desire urgently to go to stool, but should be strictly forbidden to do so. If the roller is properly made and placed, no evacuation can possibly take place, not even as much as will stain the towel beneath him. In some cases, attended with great restlessness, it may be necessary to plug the anus, in addition to the use of the roller.

Death by Congelation.

M. Pouchet has detailed to the Academy of Sciences of Paris some experiments in animal congelation. He reaches the following conclusions:

1. That the first phenomenon produced by cold is a contraction of the capillary vessels to such an extent that the globules of blood cannot enter; these vessels therefore remain completely empty. 2. The second phenomenon is an alteration of the blood globules which amounts to their complete disorganization. 3. Every animal completely frozen is absolutely dead, and no power can reanimate it. 4. When only a part is frozen, that part is destroyed by gangrene. 5. If the part frozen is not extensive, and only a few disorganized blood globules pass into the circulation, the animal may recover. 6. But if, on the contrary, the frozen part is of considerable extent, then the mass of altered globules brought into the circulation when the part is thawed rapidly kills the animal. 7. For this reason a half-frozen animal may live a long time, if maintained in the condition, since the altered globules do not get into the circulation; but it expires rapidly as soon as the frozen part is thawed. 8. In all cases of congelation, death is due to the alteration of the blood globules, and not to any effect on the nervous system. 9. It results from these facts that the less rapidly a frozen part is thawed the more slowly the altered globules find their way into the circulation, and the greater are the chances of the recovery of the animal.

—— The Surgeon-General has had constructed a beautiful model of the Hicks United States Army General Hospital, at Baltimore, Md., which he designs to send to France, to be exhibited at the Paris Exposition of 1867. The model is of wood, and is made on the scale of one inch to twenty feet.

—— Dr. Joseph A. Phillips has resigned the post of Surgeon-General of Pennsylvania, and that post has been closed. Colonel Phillips has been connected with the Pennsylvania troops in the field and this office since the commencement of the war, and he retires with the full confidence and esteem of the Government. He returns to Pittsburgh to resume the practice of his profession.

NOTICE.

The Twentieth Annual Meeting of the *Association of Medical Superintendents of American Institutions for the Insane*, will be held at Willard's Hotel, in the City of Washington, D. C.

The Session will commence at 10 A. M. of Tuesday, April 24th, 1866.

JOHN CURWEN, M. D.,
Secretary.

Pennsylvania State Lunatic Hospital,
Harrisburg, March 8th, 1866.

AMERICAN MEDICAL ASSOCIATION.

To Competitors for the Prizes, 1866.

1. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. Austin Flint, No. 257 Fourth Avenue, New York city, on or before April 15, 1866.

2. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

MARRIED.

Douglas—Washabaugh.—In the Presbyterian church of Bedford, Pennsylvania, March 28th, by the Rev. R. F. Sample, Dr. George C. Douglas, of Fulton, New York, and Miss Laura C., daughter of the Hon. Daniel Washabaugh, of Bedford.

Livezey—Balderston.—On the 5th inst., by Friends' ceremony, Edward Livezey, M. D., and Mary, daughter of Samuel F. Balderston, all of this city.

Lodge—Simmons.—On the 4th inst., by Rev. G. D. Boardman, John W. Lodge, M. D., of Lower Merion, and S. Jennie, daughter of the late A. H. Simmons, of this city.

Moorhead—Huyett.—March 28th, by the Rev. W. W. Moorhead, Mr. A. C. Moorhead, of Rock Island, Illinois, and Miss Mary C., eldest daughter of Dr. Joseph Huyett, of Camden Mills, Illinois.

Parry—Sharpless.—On the 5th instant. by Friends' ceremony, at the residence of the bride's father, John S. Parry, M. D., and Rachel P., daughter of Wm. P. Sharpless.

Sayers—Gardner.—In this city, on the 12th ult., by the Rev. Alfred Cookman, D. D., Dr. Konn B. Sayers, graduate of Pennsylvania Medical College, of Henry, Ill., and Fanny Cecilie, only daughter of the late George Gardner, Esq.

Smith—Tomlinson.—At the Ninth St. Baptist church, Cincinnati, March 27th, by the Rev. Wayland Hoyt, Dr. Henry A. Smith and Lucy I. Tomlinson, daughter of Mrs. Eliza Tomlinson, all of that city.

DIED.

Guthrie.—In St. Charles, Minn, March 6th, Mrs. Dr. H. H. Guthrie.

Mackenzie.—In Baltimore, April 4th, of disease of the heart, Dr. John Mackenzie.

Stevens.—March 27th, Sophia L. Stephens, wife of Calvin Stevens, M. D., and daughter of Oliver Crocker, Esq., of New Bedford, Mass.

ANSWERS TO CORRESPONDENTS.

Dr. J. S. C. and others.—Complete volumes of the *London Lancet*, previous to the current year, *cannot be obtained*, as the issues of several months are exhausted.

Dr. W. C. P., Head of Sassafras, Md.—The remedies you speak of, have been used to some extent by regular practitioners, but few of them, however, with satisfaction. Try them and report. There is no late work on new remedies better than the last edition of the U. S. Dispensatory.

Dr. C. S. W. P., Columbus, Miss.—There are instruments for producing counter-irritation by means, generally, of acupuncturation, which have been before the profession for *many years*. They were noticed in the Reporter ten years ago. We cannot recall all the various names by which they have been known. The most familiar to us are Baunscheidt's and Firmenich's. They have a limited sphere of usefulness.

Dr. H. G. B., New Canaan, Conn.—Prof. Salisbury's contributions to medical literature have not been republished yet. We trust they will be, as they have too limited a circulation now. Communicate with him on the subject at Cleaveland, Ohio.

Dr. J. E. J., Fallston, Pa.—Meigs on Diseases of Women, sent on the 5th, by mail.

Dr. W. C. R., Pittsburgh, Pa.—Parker on Syphilis, sent by mail, on the 5th.

Dr. H. S. W., Hopewell Station, Pa.—Cyclopædia of Practical Medicine, (6 vols.,) sent by Express, April 5th.

Dr. C. C. M., Manassas, Va.—Hamilton on Fractures and Dislocations, sent by mail, on the 5th.

METEOROLOGY.

March,	26,	27,	28,	29,	30,	31,	A. 1.
Wind	N. W.	N.	S. E.	N. W.	W.	S. W.	W.
Weather	Clear, High Wind.	Clear.	Cl'dy. Rain.	Clear.	Clear.	Cl'dy, Rain.	Clear.
Depth Rain			4-10			3-10	
Thermometer.							
Minimum	12°	20°	26°	37°	34°	30°	31°
At 8 A. M.	23	28	49	46	38	39	48
At 12 M.	34	39	51	47	41	48	54
At 3 P. M.	34	40	51	48	39	51	55
Mean	25.75	31.75	44.25	44.50	38.	42.	47.
Barometer.							
At 12 M.	29.9	30.3	30.3	29.9	30.	29.8	30.

Germantown, Pa. B. J. Leedom.